

FIG. 1

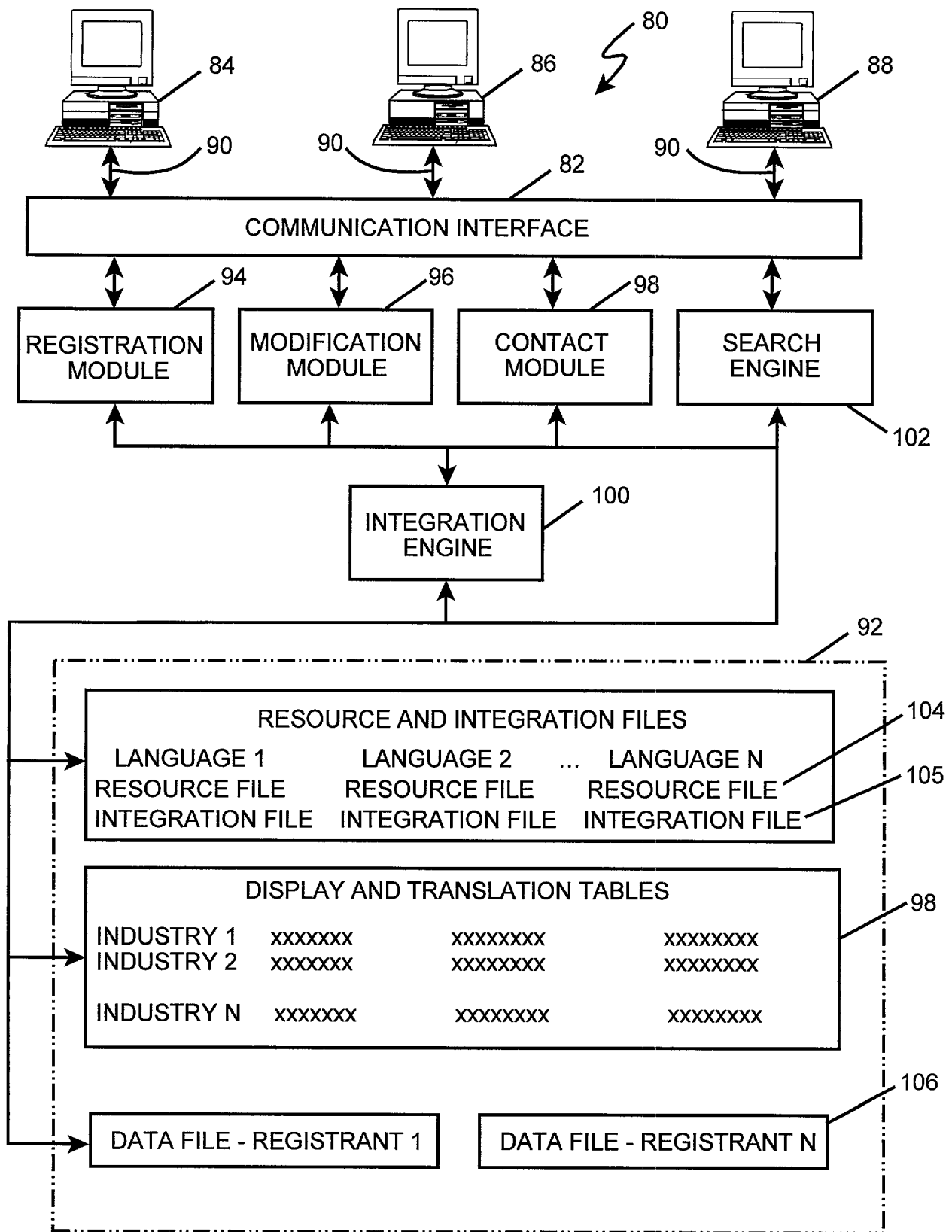
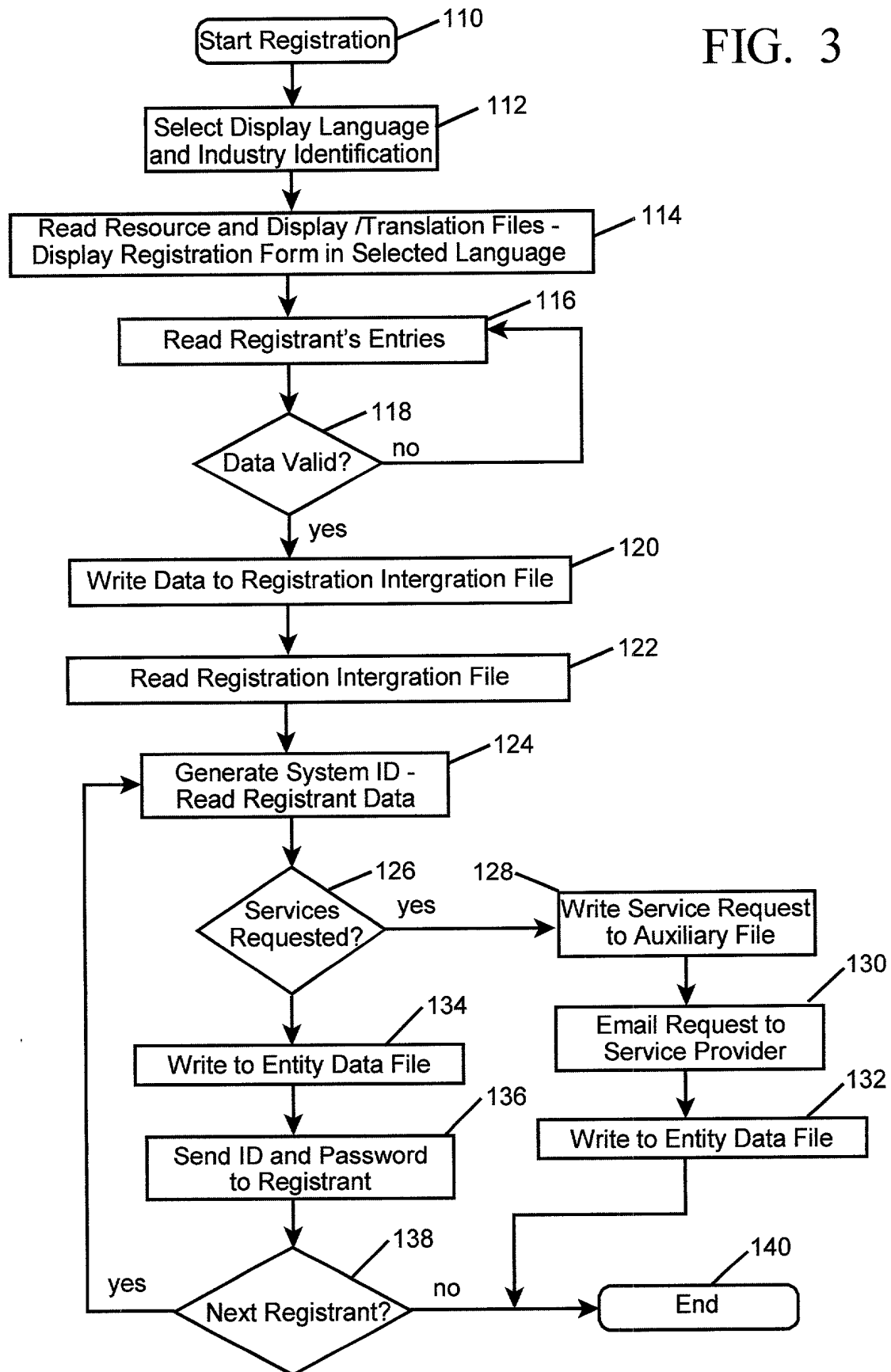






FIG. 2

FIG. 3



152

			
BACK	FORWARD	STOP	HOME
Address: <input type="text"/>			

COMPANY REGISTRATION

1) BASIC INFORMATION ABOUT YOUR COMPANY (REQUIRED)

COMPANY NAME:

COMPANY DOMAIN NAME (IF APPLICABLE):

COUNTRY OF HEAD OFFICE:

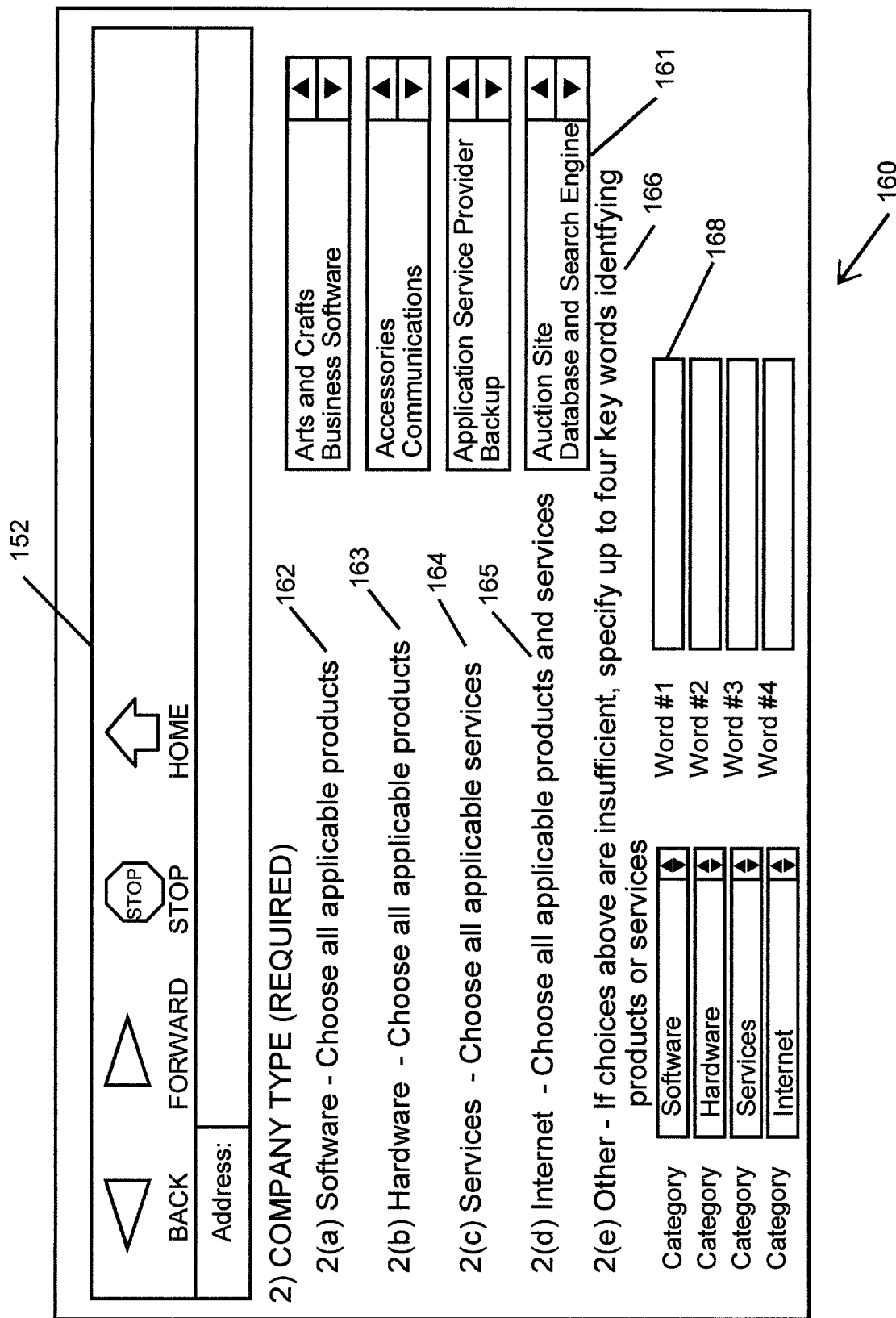
158

154


156

150


FIG. 4A




152




BACK



FORWARD



STOP



HOME

Address:

3) CONTACT INFORMATION

Principal Contact Name

172

Preferred E-mail Address

174

Please Reenter Your E-mail Address

176

4) Regional Offices (Optional)

Select Areas Where Your Company Has A Presence

☐ Argentina

☐ Chile

☐ China

☐ Korea

☐ USA

5) International Goals (Optional)

Please select the best description of your international business goals



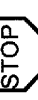

☐ Establish International Offices

☐ Find an Overseas Agent / Representative

☐ Find a Business Consultant

170

FIG. 4C

 BACK	 FORWARD	 STOP	 HOME
Address:			

6) SHORT DESCRIPTION (OPTIONAL)
 Please Enter a Short Description of Your Company and/or Your Products and Services

7) LANGUAGES (OPTIONAL)
 Please Choose Languages For Translation of the Description

☐ English
 ☐ Japanese
 ☐ Chinese
 ☐ Spanish

FIG. 4D

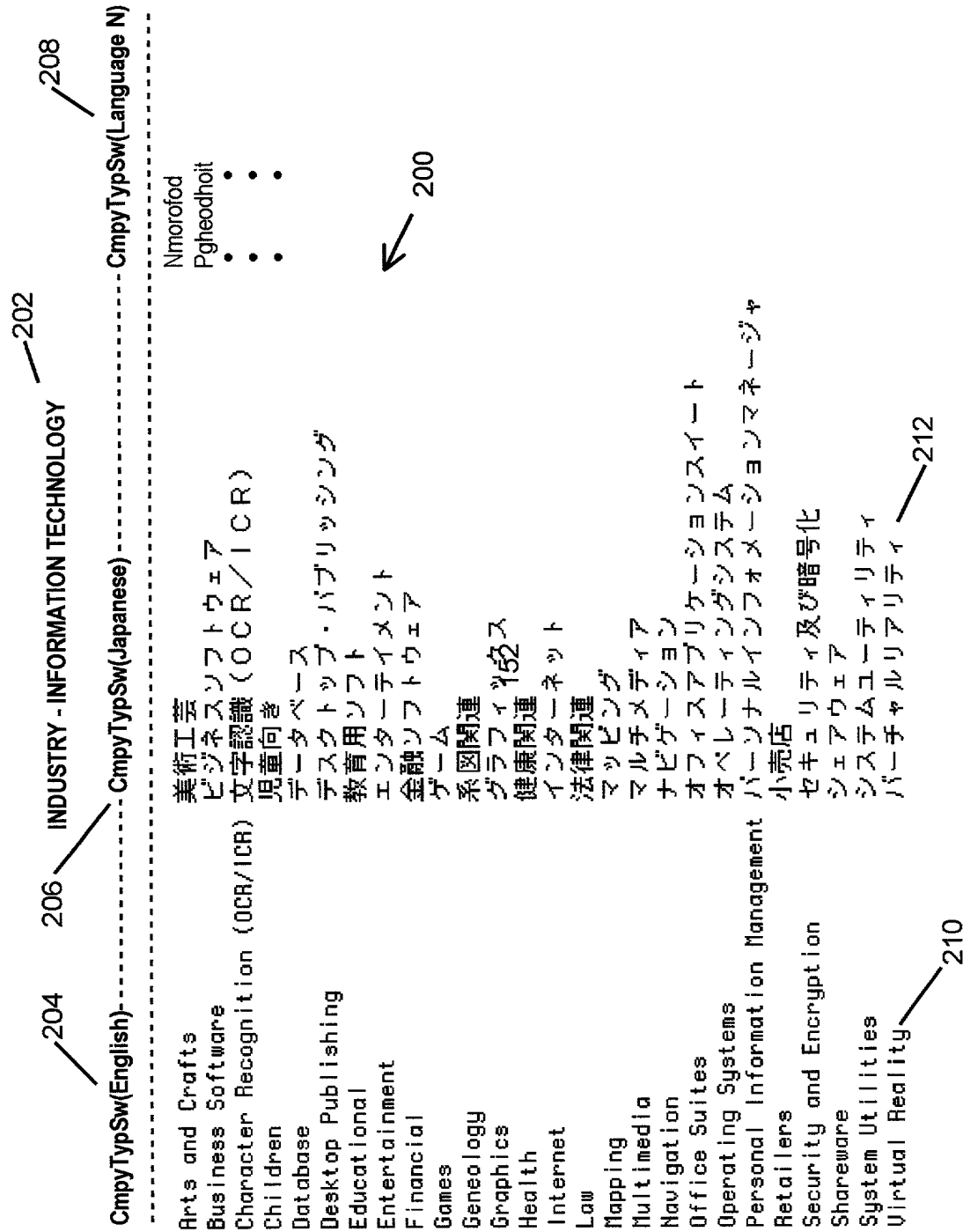
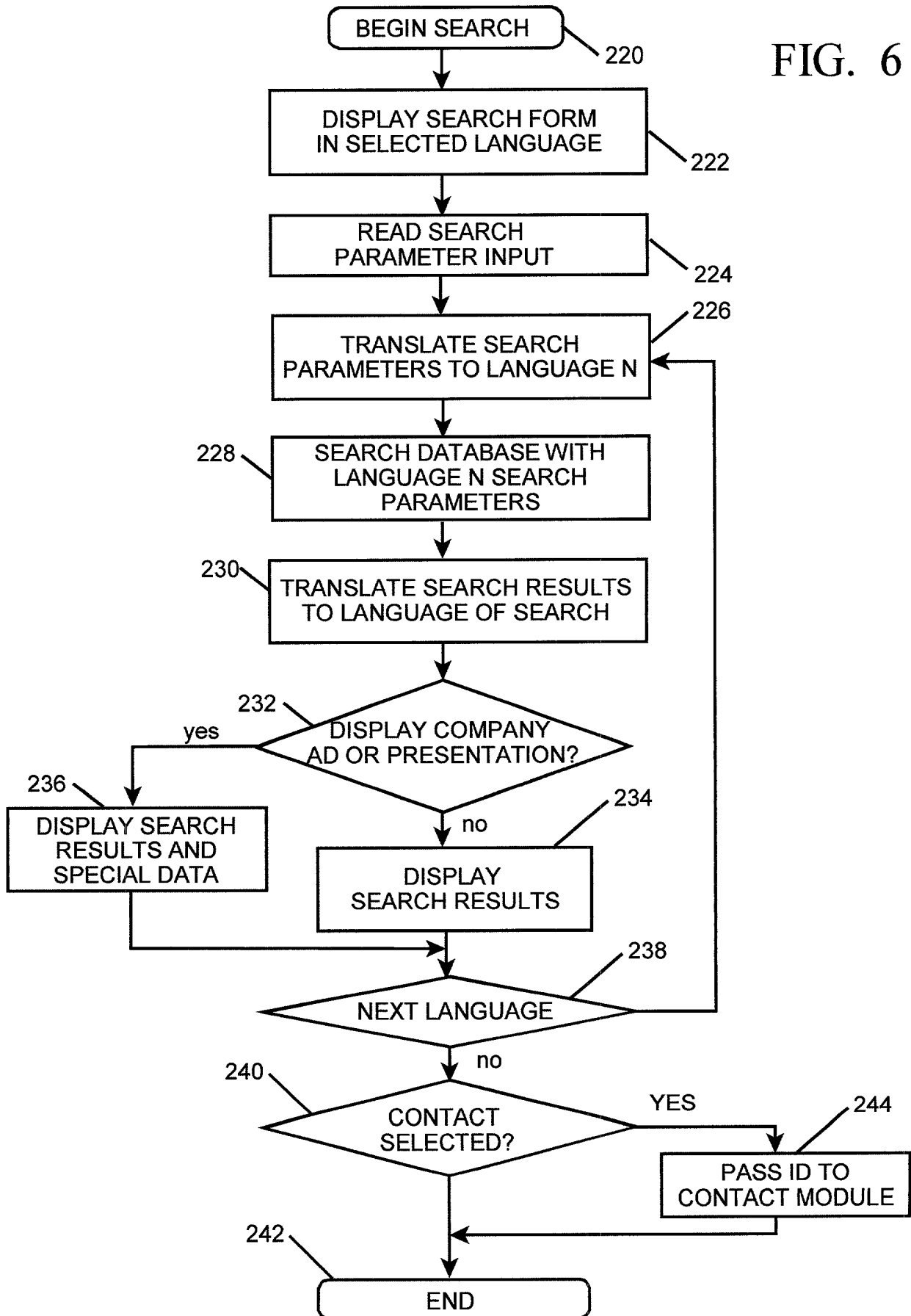






FIG. 5

FIG. 6





152

			
BACK	FORWARD	STOP	HOME
Address: <input type="text"/>			

1) Search By Product / Service Type
Please choose all categories that best describe the products and services of interest.



1a) Software

Select applicable software products: 252

Arts and Crafts Business Software		
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1b) Hardware

Select applicable hardware products:

Accessories Communications		
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1c) Services

Select applicable services

Application Service Provider Backup		
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1d) Internet

Select applicable Internet related products and services:

Auction Site Database and Search Engine		
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250

FIG. 7

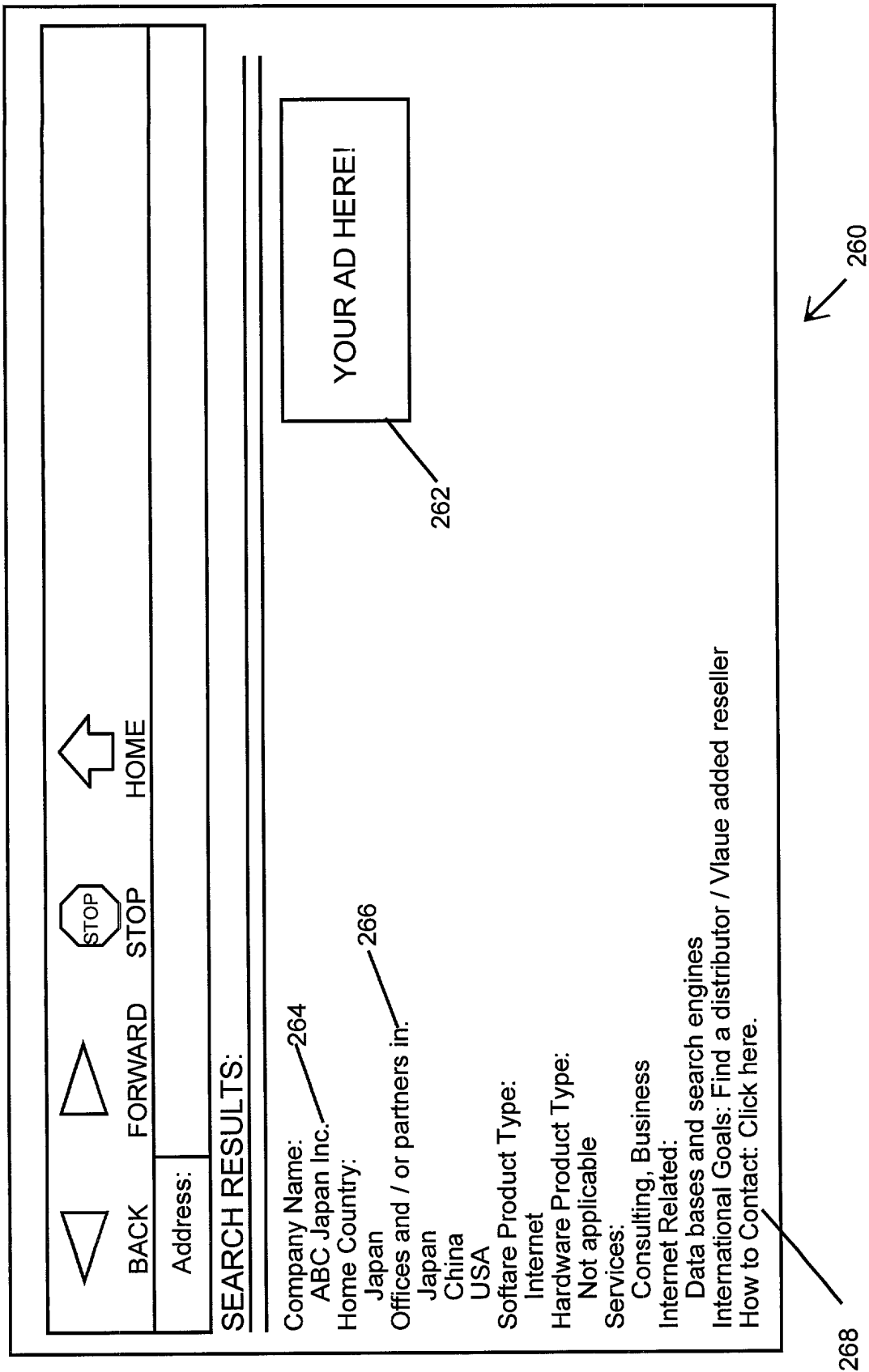
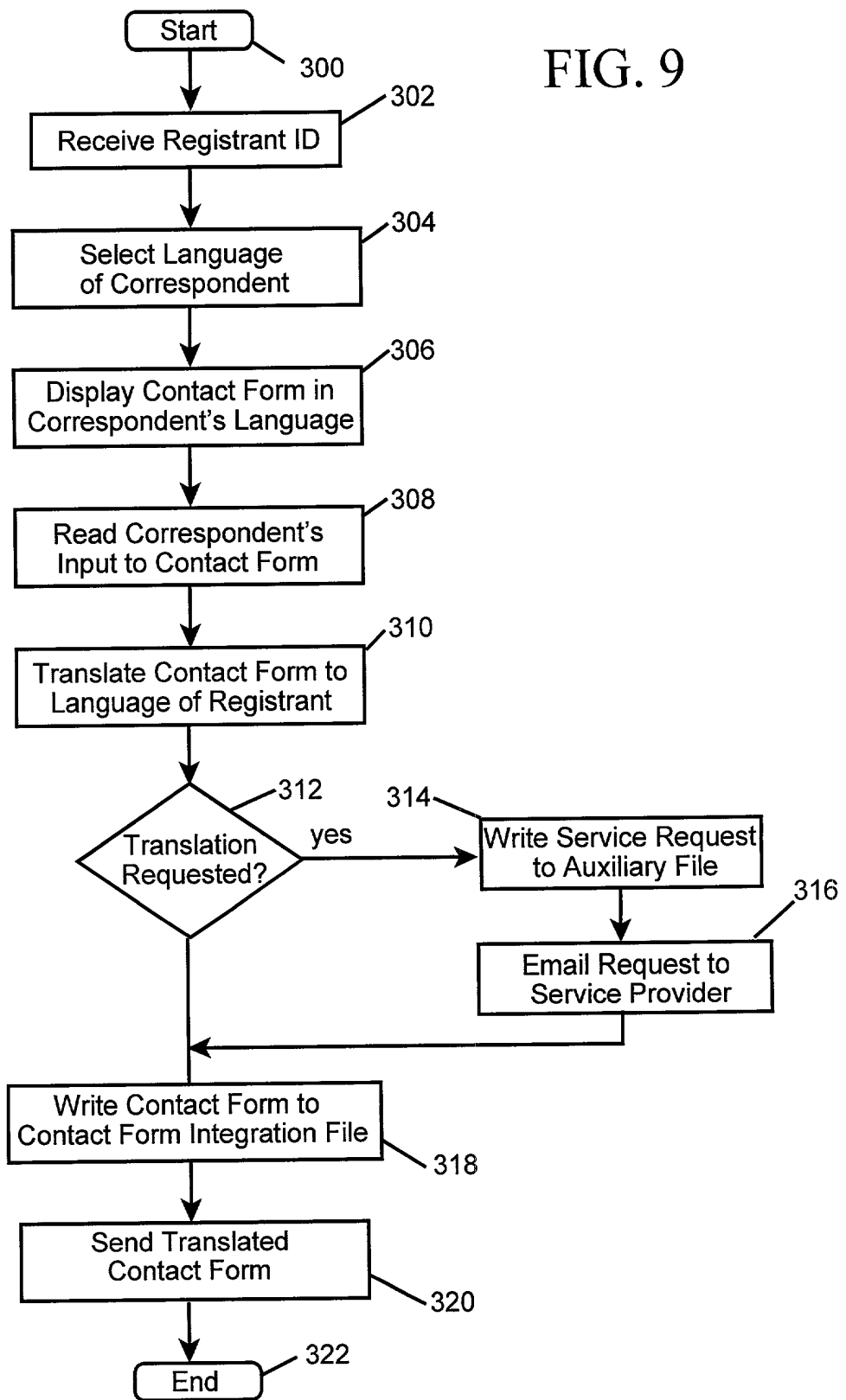






FIG. 8

FIG. 9



 BACK	 FORWARD	 STOP	 HOME
Address: _____			

Contact Form For: Registrant A 332
 Native Language: Japanese 334

1) Contact Goals 336
Check all items that describe your reasons for contact:
☐ Please contact us. ☐ We would like to discuss becoming your distributor. ☐ We would like to discuss appointing you as a distributor. ☐ We would like to discuss purchasing your product. ☐ We would like to discuss using your services. ☐ Please provide more information.

2) Level of Interest 338
Please indicate your level of interest.

Very High
☐ ☐ ☐ ☐ ☐

3) Identify your contact (required) 340
Please give contact name and e-mail address

FIG. 10A

FIG. 10B